

Applicant or Patentee: Michael Simons & Youhe Gao Attorney's
Serial or Patent No.: _____ Docket No.: BIS-043
Filed or Issued:
For: "METHOD FOR PR-39 PEPTIDE REGULATED STIMULATION OF ANGIOGENESIS"

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (b)) — INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled as above described in

the specification filed herewith
 application serial no. _____, filed _____
 patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME	<u>Beth Israel Deaconess Medical Center</u>		
ADDRESS	<u>330 Brookline Avenue, Boston, MA 02215</u>		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME	<u>*****</u>		
ADDRESS	<u>*****</u>		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME	<u>*****</u>		
ADDRESS	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

<u>Michael Simons</u> NAME OF INVENTOR	<u>*****</u> NAME OF INVENTOR	<u>Youhe Gao</u> NAME OF INVENTOR
<u>*****</u>		
Signature of Inventor	Signature of Inventor	Signature of Inventor
<u>*****</u>		
Date	Date	Date

Attorney's Docket No. BIS-043

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "METHOD FOR PR-39 REGULATED STIMULATION OF ANGIOGENESIS",

the specification of which: (check one)

XXXXX is attached hereto:

_____ was filed on _____ as Application Serial
No. _____:

_____ was amended on _____ (if applicable) _____:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority claimed

.....NONE.....
(Number) (Country) (Day/month/year/filed) Yes No

.....NONE.....
(Number) (Country) (Day/month/year/filed) Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

.....NONE.....
(Application Serial No.) (Filing Date) (Status)

.....NONE.....
(Application Serial No.) (Filing Date) (Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith; and, in addition, to act as Agent on my behalf before the competent International Authorities and before the National Authorities for any designated countries in connection with any and all international applications filed or to be filed by the undersigned.

David Prashker
Registration Number 29,693

SEND CORRESPONDENCE TO:

David Prashker, P.C.
P.O. Box 5387
Magnolia, Massachusetts
01930

* DIRECT TELEPHONE CALLS TO:

*
* David Prashker, Esq.
* (978) 525-3794
*
*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first inventor: Michael Simons

Inventor's signature: _____ Date: _____

Residence: Chestnut Hill, Massachusetts Citizenship: U.S.

Post Office Address: 115 Grove Street
Chestnut Hill, Massachusetts 02167

Full name of second inventor: Youhe Gao

Inventor's signature: _____ Date: _____

Residence: Brighton, Massachusetts Citizen of the
People's Republic
of China

Post Office Address: 85 Strathmore Road, Apt. 2
Brighton, Massachusetts 02135
